

October 3, 2026

BLK/MS/2026/OCT/17

To,
The Regional Officer,
Haryana State Pollution Control Board
SCO-A-6,7,8 Near Vishal Hotel
Sun City Sector-36
Rohtak.

Dear Sir,

Sub: Submission of Quarterly report for Bio-Medical Waste Management (BMW)

Please find enclosed the quarterly report of Bio-Medical Waste (including Covid Waste) maintained by the Healthcare establishment namely Medical Clinic, Rohtak, 1st Floor, Landmark Building Medical Mor, Rohtak, Haryana, (Run by Dr. B.L. Kapur Memorial Hospital, a unit of Lahore Society) for the month of July 2026 to September 2026.

Yours Sincerely,
For Dr. B.L. Kapur Memorial Hospital
(a Unit of Lahore Hospital Society)



Dr. Kapil Goyla
Medical Superintendent

Encls: As above

Dr. Kapil Goyla
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi - 110005

*Report Dispatched to HSPCB through
Speed Post No. ED3048734/8/N
Date - 8/10/2026*

Haryana State Pollution Control Board
 SCO-A-6,7,8 Near Vishal Hotel Sun City Sector -36 Rohtak Email:-hspcbroroh@gmail.com
 Quarterly Information required for BMW Management

S.No.	Particulars						
1	Name address of the Hospital	Medical Clinic, Rohtak, 1st Floor, Landmark Building Medcal Mor, Rohtak Haryana, Part of Dr. B. L. Kapur Memorial Hospital Pusa Road, New Delhi 110005					
2	No. of authorized/sanctioned beds	N/A					
3	Name of the occupier(MS/Director)	Dr. Sanjay Mehta					
4	Phone No. Fax, E-mail	011 30403040 & 30653961					
5	Whether authorization from Delhi Pollution control committee obtained?	Yes					
6	If Yes, No. date of issue and validity	Yes					
7	Whether in house treatment facility available?	No					
7.A	If Yes, write	N/A					
7.B	If No, how is the BMW treated?	Outsourced-S.D BioMedical waste Management Company					
7.C	Whether tie up with CBWTF Operator	Yes - S.D BioMedical waste Management Company					
8	Whether Nodal Officer for BMW Management designated?	Yes					
8.A	If Yes-please give name & phone No.	Mr. Ravinder Singh , 01130653770					
9	Whether Biomedical Waste management Committee formed?	Yes					
9.A	If yes, give name of the members	Members- 10 Invited-02					
9.B	Date of last meeting	27.03.2026					
10	Whether color Coded segregation Containers available	Yes					
10.A	If Yes-what is color coding	Yellow, Red, Blue Puncture proof Container, White Puncture Proof, Yellow Cytotoxic, Green (Bio-degradable					
11	Whether Color Coded Segregation Liners/Bags available	Yes					
11.A	If Yes, what color?	Yellow, Red, Blue Puncture proof Container, White Puncture Proof, Yellow Cytotoxic, Green (Bio-degradable					
12	Whether using Biohazard and Cytotoxic Symbols	Yes					
13	Whether Packaging & labeling Practised	Yes					
14	Whether Puncture proof sharps containers available?	Yes					
15	Is there any provision Internal storage?	Yes					
16	Whether there are any use of wheel barrow/trolleys?	Yes					
17	Is there any separate provision of washing facilities for containers	Yes					
17.A	If No, where these containers are washed?	N/A					
18	Is there any centralized storage site?	Yes					
18.A	Is there any provision of lock and key for BMW	No, since the needles are disposed In white Puncture Proof as per the BMW guidelines and are sent to Biotic					
19	Whether needle destroyer available?	Yes					
20	Whether the hand hygiene is practiced in the hospital	Follow training calendar and Audit by Infection Control Nurse					
20.A	If Yes, how monitored	Yes					
21	Is there any Spill Management Protocol	N/A - We are mercury free hospital					
22	Is there any Provision for management of Mercury waste, Metals	Yes					
23	Whether record are maintained properly?	Yes					
23.A	If Yes, whether verified by the Chairman/Nodal officer	Yes					
24	Whether there is daily supervision?	Yes					
24.A	If Yes, Whether the records are maintained	Yes					
25	Is there any provision of separates waste weighing machine	Yes					
25.A	If Yes, whether daily record of of weight maintained	Yes					
26	Whether there is any Injury register	Yes					
26.A	If Yes, Whether there is Needle Stick Injury protocol	Yes					
27	Is there any separate Budget here for BMW?	Yes					
28	Whether SOPs/ guidelines available	Yes					
29	Is there any provision of Training/Retraining in BMW management	Once a year					
29.A	If Yes, the. No of personnel trained during the quarter	Doctor (MD) - Nursing- 702 Technicians and Paramedical- 107 GDA & Housekeeping- 265					
30	Is there any IEC/Community awareness	No					
31	Whether waste Audit carried out?	Yes					
31.A	If Yes, Whether the report submitted to the head of the Institution	N/A					
32	Whether monthly report submitted to DHS	Yes					
33	Whether Quarterly Report submitted to DHS	Yes					
34	Whether Annual Monthly Report submitted to DPCC	Yes					
35	Whether regular inspection carried out	Yes					
36	Whether consent obtained under Air and Water Act	Yes					
37	Whether Acoustic enclosures for generator sets present	Yes					
38	Whether Sewage treatment plant (STP) installed in the Hospital	Yes					
39	If yes, attach copy of laboratory report authorized by DPCC	Yes					
40	Whether personal protective Equipment (PPE) used BMW staff	Yes					
41	Whether the staff posted at BMW is medically examined	Once a year					
41.A	If, Yes, how frequently	Yes					
41.B	Whether Immunized againsts Tetanus and Hepatitis B						
		Jul-26		Aug-26		Sep-26	
		Non covid	Covid	Non covid	Covid	Non covid	Covid
42	Quantum of waste generated	0	0	0	0	0	0
	Incinerable	0	0	0	0	0	0
	Autoclavable/Microwavable	0	0	0	0	0	0
	Blue Puncture proof boxes for glasses	0	0	0	0	0	0
	White puncture proof for Sharps	0	0	0	0	0	0
	Cytotoxic waste for Incineration	0	0	0	0	0	0
	Total	0	0	0	0	0	0
	TOTAL NON COVID + COVID						

Signature of Nodal Officer

Signature of Medical Superintendent

Minutes of Infection Control meeting 30/07/2026

Attended by		
Dr. Rk Singhal	Chairperson	
2 Dr. Purabi Berman	Secretary	Not Attended
3 Dr. Rajesh Pande	Member	Attended
4 Dr. Ranji Mehrotra	Member	Attended
5 Dr. Jasjit Bhasin/ Dr Rachna	Member	Not Attended
6 Dr Chandragouda	Member	Attended
7 Dr U Valecha	Member	Not Attended
8 Dr Kapil Goyal	Member	Attended
9 Mr Ravinder	Member	Attended
10 Dr Rajesh Jain	Member	Attended
11 Dr Ankur	Member	Attended
12 Dr Shimpi	invited member	Attended
13 Dr. Gurbechan Singh	Member	Not Attended
14 Dr Divya Dobal	Member	Attended
15 Dr Deepak	Member	Attended
16 Sis Rosamma/ Sis Anumol	Member	Attended
17 Mr Siby	Member	Attended
18 Mr Durga Prasad	Member	Attended
19 Mr Vivek Trikha	Member	Not Attended
20 Ms. Shilpi - ICN	Member	Attended
21 Ms. Himanshi - ICN	Member	Attended
22 Ms. Nutan - ICN	Member	On leave
23 Ms. Monika - ICN	Member	Not Attended
24 Ms Rachel	Member	Attended
25 Ms Poornima	Member	Attended

A Agenda for meeting

- 1 HAI and other HIC indicators- May 2026
- 2 Review of previous MOM
- 3 NABH observations

B MOM of previous meeting

Discussion

Decision

Responsibility

Timeline

Status

Discussion of Present meeting

1	HAI	Healthcare associated infection data of June 2026 was presented. The HAI rates for VAE is 2 per 1000 ventilator days. There was one case of VAC. CLABSI 1.40 per 1000 central line days, CAUTI 0.93 per 1000 foley catheter days, SSI rate is 0.22%.	VAE and CLABSI rates are within internal benchmark, To emphasizing focus training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of June 2026 was presented. Incidence of NSI were 0.78 per 1000 patient days.	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for June 2026 was presented. Compliance to Segregation was 98.2%, Storage was 99% and Transportation was 98%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of June 2026 was presented. The compliance is 84.4% with an upward trend. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring
5	Disinfection of suction jars	Dr Purabi discussed that at present, the suction	The HICC committee recommended that a separate area to	deepak, Mr	30th September	Open
6	Need for ETO sterilizer	in the hospital as there are many lines which	machine be considered.	deepak, Mr	Next budget	Open
7	Blood culture collection kit	The collection kit from BD was evaluated in the critical care areas and it received good feedback.	The HICC members recommended that it be used, at least in ICUs. The price mark up to be analysed.	Mr Ravinder	30th September	Open

Minutes of Infection Control meeting 27/08/2026

Attended by:			
S.No.	Attended by	Designation	Attendance
1	Dr. R. Singhal	Chairperson	Not Attended
2	Dr. Purabi Barman	Secretary	Attended
3	Dr. Rajesh Pande	Member	Attended
4	Dr. Ranji Mahotra	Member	Not Attended
5	Dr. Jasjit Shashin/ Dr Rachna	Member	Not Attended
6	Dr Chandragada	Member	Not Attended
7	Dr U Vatecha	Member	Not Attended
8	Dr Kapil Goyal	Member	Not Attended
9	Mr Ravinder	Member	Not Attended
10	Dr Rajesh Jain	Member	Not Attended
11	Dr Ankur	Member	Not Attended
12	Dr Tarun	Invited member	Attended
13	Dr. Gurbaachan Singh	Member	Not Attended
14	Dr Divya Dobal	Member	Not Attended
15	Dr Deepak	Member	Not Attended
16	Sis Rosamma/ Sis Anumol	Member	Attended
17	Mr Siby	Member	Not Attended
18	Mr Durga Prasad	Member	Not Attended
19	Mr Vivek Tripathi	Member	Not Attended
20	Ms. Shifali - ICN	Member	Attended
21	Ms. Nutan - ICN	Member	On leave
22	Ms. Monika - ICN	Member	Not Attended
23	Ms Rachel	Member	Attended
24	Ms Poornima	Member	Attended

A	Agenda for meeting				
1	HAI and other HIC Indicators- July 2026				
2	Review of previous MOM				

B	MOM of previous meeting				
		Discussion	Decision	Responsibility	Timeline
1	Disinfection of suction jars	Dr Purabi discussed that at present, the suction	No further inputs	deepak, Mr	30th September
2	Need for ETO sterilizer	In the hospital as there are many lines which	machine be considered.	deepak, Mr	Next budget
3	Blood culture collection kit	The collection kit from BD was evaluated in the critical care areas and it received good feedback	The matter was forwarded to purchase dept. They have asked for a manual indent for the same. Nursing dept will make manual indent for the kit.	Sister Rosamma	30th September

Discussion of Present meeting					
S.No.	Topic	Details	Decision	Responsibility	Status
1	HAI	Healthcare associated infection data of July 2026 was presented. The HAI rates for VAE is 0 per 1000 ventilator days. There was one case of VAC. CLABSI 1.34 per 1000 central line days, CAUTI 0.87 per 1000 foley catheter days, SSI rate is 0.07%.	VAE and CLABSI rates are within internal benchmark. To emphasize focus training on Care bundles for all Healthcare Professionals.	ICT	NA
2	Needle stick injury	NSI data of July 2026 was presented. Incidence of NSI were 0.66 per 1000 patient days. Cumulative rate for NSI in July was 0.73 per 1000 patient days.	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA
3	Biomedical waste disposal	The audit report of BMW disposal for July 2026 was presented. Compliance to Segregation was 98%, Storage was 99% and Transportation was 98%.	NA	ICT	NA
4	Hand hygiene	Hand hygiene data for the month of July 2026 was presented. The compliance is 84.7% with an upward trend. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA

Minutes of Infection Control meeting 16/09/2024

S.No.		Attendees		Attendance	
S.No.	Attendee	Role	Attendance		
1	Dr. R. Singh	Chairperson	Attended		
2	Dr. Purabi Barman	Secretary	Attended		
3	Dr. Rajesh Pande	Member	Attended		
4	Dr. Ranjit Mishra	Member	Not Attended		
5	Dr. Jasjit Bhatia/ Dr. Rachna	Member	Not Attended		
6	Dr. Chandragouda	Member	Not Attended		
7	Dr. U. Valscha	Member	Attended		
8	Dr. Kapil Goyal	Member	Attended		
9	Mr. Ravinder	Member	Not Attended		
10	Dr. Rajesh Jain	Member	Attended		
11	Dr. Ankur	Member	Not Attended		
12	Dr. Tarun Talwar	Invited member	Attended		
13	Dr. Gurbachan Singh	Member	Attended		
14	Dr. Divya Dohal	Member	Not Attended		
15	Dr. Deepak	Member	Attended		
16	Dr. Shimpi Chopra	Invited member	Attended		
17	Dr. Pradyut Roy	Invited member	Attended		
18	Dr. Jitin Sharma	Invited member	Attended		
19	Dr. Shubham Mahajan	Invited member	Attended		
20	Dr. Ashwini	Invited member	Attended		
21	Dr. Anushka	Invited member	Attended		
22	Dr. Poorima Pandey	Member	Attended		
23	Dr. Simran Chandwani	Invited member	Attended		
24	Sis Rosamma/ Sis Anmol	Member	Attended		
25	Mr. Siby	Member	Attended		
26	Mr. Durga Prasad	Member	Not Attended		
27	Mr./ Deepak	Invited member	Attended		
28	Mr. Hira	Member	Attended		
29	Mr. Vivek Tripathi	Member	Not Attended		
30	Ms. Shafali - ICN	Member	Attended		
31	Ms. Nutan -ICN	Member	On leave		
32	Ms. Monika - ICN	Member	Attended		
33	Ms. Reishal	Member	Attended		
34	Ms. Poorima	Member	Attended		
A. Agenda for meeting					
1. HAI and other HIC Indicators-Aug 2026					
2. Review of previous MOM					
B. MOM of previous meeting					
		Discussion	Decision	Responsibility	Timeline
1	Disinfection of suction jars	Dr. Purabi discussed that at present, the suction jars are sterilized as there is no proper area for cleaning and disinfection; due to which sometimes the jars are sometimes damaged.	It was decided to continue using steam sterilization for the suction jars. The damaged jars shall be replaced as and when necessary.	Dr. kapil, Dr. deepak, Mr. Ravinder	30th September
2	Need for ETO sterilizer	It was discussed that an ETO machine is needed in the hospital as there are many items which are not compatible with ETO sterilization process.	It was proposed by all members that a plan for installing an ETO machine be considered.	Dr. kapil, Dr. deepak, Mr. Ravinder	Next budget
3	Blood culture collection kit	The collection kit from BD was evaluated in the critical care areas and it received good feedback.	The matter was forwarded to purchase dept. They have asked for a manual indent for the same. Nursing dept will make manual indent for the kit.	Sister Rosamma	30th September
Discussion of Present meeting					
1	HAI	Healthcare associated infection data of Aug 2026 was presented. The HAI rates for VAE is 2.38 per 1000 ventilator days. There was two case of VAC, CLABSI 1.03 per 1000 central line days, CAUTI 1.03 per 1000 Foley catheter days, SSI rate is 0.08%.	VAE and CLABSI rates are within internal benchmark. To emphasize focus training on Care bundles for all Healthcare Professionals.	ICT	NA
2	Needle stick injury	NSI data of Aug 2026 was presented. Incidence of NSI were 0.53 per 1000 patient days. Cumulative rate for NSI in July was 0.70 per 1000 patient days.	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA
3	Biomedical waste disposal	The audit report of BMW disposal for Aug 2026 was presented. Compliance to Segregation was 99%, Storage was 98% and Transportation was 97.8%.	NA	ICT	NA
4	Hand hygiene	Hand hygiene data for the month of Aug 2026 was presented. The compliance is 83.5% with an upward trend. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA
5	Antibiogram 25-26	Dr. Tarun presented the Antibiogram for 25-26.	The antibiogram showed that rates of MOROs have not increased significantly, except that of Carbapenem resistance which showed an increased trend from 23.9 to 34.8. Colistin resistance is 1.4 from 1.9 of last year, MRSA is 2.9 from 3.9 of last year and VRE is 2.1 from 1.5 of last year. The same will be uploaded on the intranet for everyone's access.	NA	NA
6	Footwears in OT	It was observed that doctors and staff do not use the specified OT shoes to enter the OT premises. This results in dirt inside the OT besides breaching the OT policy in the hospital.	It was proposed that either strict policy implementation is observed through Medical administration, if this is not possible, then disposal footwears may be made available in the OT.	Dr. Kapil	30th Oct